

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/088643

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13	1					
14		1				
15		1				
16		1				
17		1				
18		3				
19		3				
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27		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.		24				
TOTAL CLAIMS		27				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						